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IFW

Application No. (if known): 10/805,577

Attorney Docket No.: 03886/0201062-US0



## Certificate of Express Mailing Under 37 CFR 1.10

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MS Amendment  
Commissioner for Patents  
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Alexandria, VA 22313-1450

on October 3, 2005  
Date

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Fee Summary Sheet (1 page)  
Fee Transmittal (1 page)  
Check No. **9892** in the amount of \$200.00  
Amendment Transmittal (1 page)  
Amendment in Response to Non-Final Office Action (7 pages)  
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**FEE SUMMARY SHEET**  
**Transmittal -- Amendment**

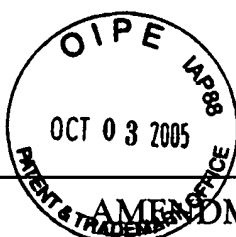
Date: October 3, 2005  
Time: 4:59 PM  
Docket: 03886/0201062-US0

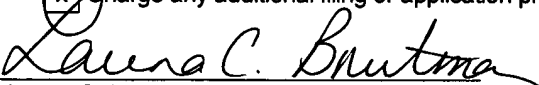
Filing Date: March 19, 2004  
Application No: 10/805,577  
Total Fee: \$ 200.00

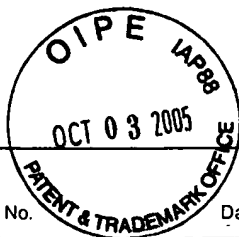
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Code	Amount	37 CFR	Fee Description	Listed on
1201	200.00	1.16(h)	Independent claims in excess of three	Fee Transmittal (PTO SB-17)





AMENDMENT TRANSMITTAL LETTER				Docket No. 03886/0201062-US0	
Application No. 10/805,577-Conf. #9258		Filing Date March 19, 2004		Examiner J. L. Jenkins	
				Art Unit 2855	
Applicant(s): Toshihiko Nisimura					
Invention: DIAGNOSTIC APPARATUS FOR VALVE TIMING CONTROL SYSTEM					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	4	- 20 =		x	
Independent Claims	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>200.00</b>
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 200.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Laura C. Brutman Attorney Reg. No.: 38,395  DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7664				Dated: October 3, 2005	
Express Mail Label No. _____ Dated: _____					



Express Mail Label No. \_\_\_\_\_

Dated: \_\_\_\_\_

Docket No.: 03886/0201062-US0  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Toshihiko Nisimura

Application No.: 10/805,577

Confirmation No.: 9258

Filed: March 19, 2004

Art Unit: 2855

For: DIAGNOSTIC APPARATUS FOR VALVE  
TIMING CONTROL SYSTEM

Examiner: J. L. Jenkins

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated July 26, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Abstract** are reflected on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

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